

CHILD DEVELOPMENT SERVICES (CDS) MEDICAL DISPENSATION RECORD						MONTH _____
For use of this form, see AR 608-10; the proponent agency is DCSPER.						
(SEE REVERSE FOR PRIVACY ACT STATEMENT)						
NAME OF CHILD		ACTIVITY ROOM	NAME OF SPONSOR		HOME PHONE	DUTY PHONE
MEDICATION <i>(One per card)</i>		AUTHORIZING PHYSICIAN		MEDICAL FACILITY		TELEPHONE
INCLUSIVE DATES		DOSAGE	TIME	INSTRUCTIONS: REFRIGERATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
BEGIN _____		_____	_____			
FINISH _____		_____	_____			
*CDS PERSONNEL DISPENSING MEDICINE WILL INDICATE TIME OF ADMINISTRATION AND INITIAL SAME WITHIN EACH TIME BLOCK ON A GIVEN DATE.						
*1 _____ _____	*2 _____ _____	*3 _____ _____	*4 _____ _____	*5 _____ _____	*6 _____ _____	*7 _____ _____
*8 _____ _____	*9 _____ _____	*10 _____ _____	*11 _____ _____	*12 _____ _____	*13 _____ _____	*14 _____ _____
*15 _____ _____	*16 _____ _____	*17 _____ _____	*18 _____ _____	*19 _____ _____	*20 _____ _____	*21 _____ _____
*22 _____ _____	*23 _____ _____	*24 _____ _____	*25 _____ _____	*26 _____ _____	*27 _____ _____	*28 _____ _____
*29 _____ _____	*30 _____ _____	*31 _____ _____				

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013.

PRINCIPAL PURPOSE(S): To provide sponsor consent for administration of medication, confirm medication dispensation directions, maintain medication records, and identify individuals responsible for dispensing medication.

ROUTINE USES: No information is to be disclosed outside DOD.

DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided, medication will not be administered.

CDS PERSONNEL AUTHORIZED TO ADMINISTER MEDICATION TO

(Child's Name)

_____	_____
_____	_____
_____	_____
_____	_____

I, _____ hereby authorize the CDS personnel noted above to administer medication in the quantity and manner as requested and release same from all legal claims issued due to injury or illness which may result from such administering. Additional CDS personnel may be designated at the discretion of the CDS Program Director.

(Date)

(Signature of Sponsor)

DATE

SIGNATURE OF PROGRAM DIRECTOR